



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Branch - Southern Region

11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015

Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director
Los Angeles County Department of Mental Health
550 So. Vermont Avenue. 12th Floor
Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT – LAC + USC MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of LAC + USC Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.


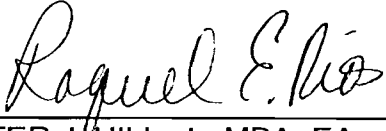
The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 3,065,481	\$ 2,773,479	\$ (292,002)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

 
WALTER J. HILL, Jr. MBA, EA
Chief


RAQUEL E. RIOS, Supervisor
Audits – Southern Region

Enclosures

CERTIFIED MAIL



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Branch – Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650
Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Helen Jew, Head of State Reimbursement Section
Los Angeles County Department of Health Services
313 No. Figueroa Street, Room 426
Los Angeles, CA 90012

Dear Ms. Jew:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

RAQUEL E. RIOS
Audits Supervisor

Attachment

LOS ANGELES
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: LAC + USC MEDICAL CENTER
LEGAL ENTITY NUMBER: 00504

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ <u>3,065,481</u>	\$ <u>(292,002)</u>	\$ <u>2,773,479</u>

LAC + USC MEDICAL CENTER
Los Angeles COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 3,332,751	\$ (765,962)	\$ 2,566,789
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	2,869,620	175,435	3,045,055
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	13,411	(13,411)	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	332	0	332
9. Total		<u>\$ 6,216,114</u>	<u>\$ (603,938)</u>	<u>\$ 5,612,176</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 131,629	\$ (35,444)	\$ 96,185
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	92,417	18,373	110,790
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 224,046</u>	<u>\$ (17,071)</u>	<u>\$ 206,975</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$ 3,201,122	\$ (730,518)	\$ 2,470,604
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	2,777,203	157,062	2,934,265
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	13,411	(13,411)	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	332	0	332
25. Total		<u>\$ 5,992,068</u>	<u>\$ (586,867)</u>	<u>\$ 5,405,201</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 3,056,548	\$ (283,285)	\$ 2,773,263
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	8,933	(8,717)	216
42. Total - FFP		<u>\$ 3,065,481</u>	<u>\$ (292,002)</u>	<u>\$ 2,773,479</u>
Contract Maximum		<u>\$ 3,065,481</u>	<u>\$ 5,638,229</u>	<u>\$ 8,703,710</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 3,065,481</u>	<u>\$ (292,002)</u>	<u>\$ 2,773,479</u>
				(To Sch. 1)

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
LAC+USC Medical Center				00504	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
ADJUSTMENTS TO SETTLED COSTS							
1	MH 1961	1	B	Physician Costs - Administrative Days - 05/19	\$ 0	\$ (21,405)	\$ (21,405)
	MH 1961	2	B	Ancillary Costs - Administrative Days - 05/19	0.	(39,943)	(39,943)
	Total				\$ 0	\$ (61,347)	\$ (61,347)
To adjust settled physician and ancillary costs to audited amount based on review of provider documents.							
2	MH 1964	2		Hospital Inpatient Services	\$ 19,716,180	\$ (61,348)	\$ 19,654,832
				To reflect the effect of cost adjustment on settled mode of service cost.			
3	MH 1991		G	Physician Costs - Administrative Days - 05/19	\$ 90,056	\$ (21,405)	\$ 68,651 *
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	167,460	(39,943)	127,517 *
	Total				\$ 257,516	\$ (61,347)	\$ 196,169
To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days.							
4	MH 1966	3	D	Gross Cost - 05/19	\$ 2,606,517	\$ (61,347)	\$ 2,545,170
				To adjust settled inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs.			
5	MH 1991		G	Physician Costs - Administrative Days - 05/19	** \$ 68,651	\$ 0	\$ 68,651
	MH 1991		H	Ancillary Costs - Administrative Days - 05/19	** 127,517	0	127,517
To reflect audited physician and ancillary costs for each period of service on MH 1991.							
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
LAC+USC Medical Center				00504	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS			
6	MH 1966	2	B	Total Units - 05/14	3,073	(662)	2,411
	MH 1966	2	C	Total Units - 05/15	9,301	(3,909)	5,392
	MH 1966	2	D	Total Units - 05/19	5,605	4,572	10,177
	MH 1966	2	B	Total Units - 10/24	33,065	99,998	133,063
	MH 1966	2	C	Total Units - 10/92	1,770	0	1,770
	MH 1966	2	B	Total Units - 15/04	48,244	375	48,619
	MH 1966	2	C	Total Units - 15/10	13,985	-	13,985
	MH 1966	2	D	Total Units - 15/31	35	-	35
	MH 1966	2	E	Total Units - 15/34	69,665	-	69,665
	MH 1966	2	F	Total Units - 15/42	642,547	2,556	645,103
	MH 1966	2	G	Total Units - 15/52	88,563	105	88,668
	MH 1966	2	H	Total Units - 15/62	435,379	1,890	437,269
	MH 1966	2	I	Total Units - 15/77	92,714	955	93,669
	MH 1966	2	B	Total Units - 45/10	1,298	-	1,298
	MH 1966	2	C	Total Units - 45/20	1,108	-	1,108
					<u>1,446,352</u>	<u>105,880</u>	<u>1,552,232</u>
				To adjust settled total units of service to agree with RGMS 701 U-P.			
7	MH 1966	8	B to I	Medi-Cal Units @ 51.40%	252,739	(143,010)	109,729 *
	MH 1966	8A	B to I	Medi-Cal Units @ 51.30%	280,404	185,321	465,725 *
	MH 1966	9	B	Medicare/Medi-Cal Crossover Units @ 51.40%	6,501	(5,974)	527
	MH 1966	9A	B	Medicare/Medi-Cal Crossover Units @ 51.30%	32,220	(30,683)	1,537
	MH 1966	10		Enhanced - SD/MC (Children) Units @ 65.88%	-	0	0
	MH 1966	10A		Enhanced - SD/MC (Children) Units @ 65.88%	-	0	0
	MH 1966	11	F,H	Healthy Families (SED) Units @ 65.88%	-	0	0
	MH 1966	11A	F,H	Healthy Families (SED) Units @ 65.88%	136	(16)	120
					<u>572,000</u>	<u>5,638</u>	<u>577,638</u>
				To adjust settled Medi-Cal units of service to agree with State DMH approved Medi-Cal units of service.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
LAC+USC Medical Center				00504	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
8	MH 1966 MH 1966	8 8A	B to I B to I	ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D.			
				Medi-Cal Units @ 51.40% **	109,729	(695)	109,034 *
				Medi-Cal Units @ 51.30% **	465,725	(1,246)	464,479 *
					575,454	(1,941)	573,513
To adjust audited Medi-Cal units of service for invalid Medi-Cal units of service.							
9	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	8 8A 8 8A 8 8A		Medi-Cal Units @ 51.40% 05/14	535	(127)	408
				Medi-Cal Units @ 51.30% 05/14	638	38	676
				Medi-Cal Units @ 51.40% 05/15	561	(298)	263
				Medi-Cal Units @ 51.30% 05/15	962	(295)	667
				Medi-Cal Units @ 51.40% 05/19	216	425	641
				Medi-Cal Units @ 51.30% 05/19	3,177	257	3,434
					6,089	-	6,089
To adjust audited Medi-Cal units of service to agree with service function changes per County MHMIS report.							
10	MH 1966 MH 1966	8 8A	B to I B to I	Medi-Cal Units @ 51.40% **	109,034	(62)	108,972 *
				Medi-Cal Units @ 51.30% **	464,479	(274)	464,205 *
To disallow inpatient administrative days which are not documented with what was done to place the client.							
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
LAC+USC Medical Center				00504	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT'D.			
11	MH 1966	8	B to I	Medi-Cal Units @ 51.40% **	108,972	(241)	108,731
	MH 1966	8A	B to I	Medi-Cal Units @ 51.30% **	464,205	(293)	463,912
				To disallow approved Medi-Cal inpatient days for clients who are not Medi-Cal eligible for inpatient services. DMH Aids Codes Master Chart.			
12	MH 1991		E	SD/MC Administrative Days	3,393	44	3,437
				To reflect the effect of Medi-Cal units of service audit adjustments on settled Medi-Cal inpatient administrative days on form MH 1991.			
				ADJUSTMENTS TO SETTLED REVENUES			
13	MH 1968	28	E	Patient and Other Payor Revenues @ 51.40% - I/P	\$ -	\$ 25,362	\$ 25,362
	MH 1968	28A	E	Patient and Other Payor Revenues @ 51.30% - I/P	131,629	(60,806)	70,823
	MH 1968	28A	G	Patient and Other Payor Revenues @ 51.40% - D/T	8,105	4,496	12,601
	MH 1968	28A	G	Patient and Other Payor Revenues @ 51.30% - D/T	32,597	9,267	41,864
	MH 1968	28	H	Patient and Other Payor Revenues @ 51.40% - O/P	23,399	(12,483)	10,916
	MH 1968	28A	H	Patient and Other Payor Revenues @ 51.30% - O/P	28,316	17,093	45,409
					\$ 224,046	\$ (17,072)	\$ 206,974
				To adjust settled patient and other payor revenues to agree with Medi-Cal share of revenue based on ratio of audited Medi-Cal cost to audited total cost.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Entity Number	No. of Adj.	Fiscal Period Ended	
LAC+USC Medical Center				00504	16	07/01/02 To 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				SETTLEMENT ADJUSTMENTS			
14	MH 1979	23	J	Adjusted Total SD/MC Reimbursement (FFP)	\$ 3,056,547	\$ (283,284)	\$ 2,773,263
	MH 1979	27	J	Total Healthy Families Reimbursement	8,933	(8,717)	216
					<u>\$ 3,065,480</u>	<u>\$ (292,001)</u>	<u>\$ 2,773,479</u>
				To reflect the effect of audit adjustments on total FFP reimbursement.			
15	Sch 2			Contract Maximum	\$ 3,065,480	\$ 5,638,230	\$ 8,703,710
				To reflect County funds available to match Medi-Cal FFP.			
16	Sch 2			Lower of net Reimbursable Cost or Contract Maximum	\$ 3,065,480	\$ (292,001)	\$ 2,773,479
				To reflect the lower of audited net reimburseable Medi-Cal FFP cost or contract maximum.			
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: LAC + USC MEDICAL CENTER		A	B	C
Legal Entity Number: 00504		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures		31,275,378	31,275,378
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		31,275,378	31,275,378
6	Medi-Cal Adjustments from MH 1961			(61,347)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			31,214,031
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
	Research and Evaluation (County Only)			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			31,214,031
19	Total Costs - Lines 9 through 18			31,214,031

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: LAC + USC MEDICAL CENTER		A	B	C
Legal Entity Number: 00504		Salaries and Benefits	Other	Total Adjustments
1	Physician costs		(21,405)	(21,405)
2	Ancillary costs		(39,943)	(39,943)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(61,347)	(61,347)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: Los Angeles
 County Code: 19

Legal Entity: LAC + USC MEDICAL CENTER		A
Legal Entity Number: 00504		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	31,214,031
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	19,654,832
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	4,739,330
5	Outpatient Services (Mode 15 Program 1 + Program 2)	6,764,978
6	Outreach Services (Mode 45)	54,891
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	31,214,031

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: Los Angeles County Code: 19			NR		NR		CR			
Legal Entity: LAC + USC MEDICAL CENTER			A	B	C	D	E	F	G	
Legal Entity Number: 00504				Service	Service	Service	Service	Service	Service	
Mode: 05 - Hospital Inpatient (SFC 10-19)			Mode Total	Function	Function	Function	Function	Function	Function	
				14	15	19				
1	Allocation Percentage		100.00%	21.62%	65.43%	12.95%				
2	Total Units		17,980	2,411	5,392	10,177				
3	Gross Cost		19,654,832	4,249,070	12,860,592	2,545,170				
4	Cost per Unit			1,762.37	2,385.12	250.09				
5	SMA per Unit			838.20	838.20	235.96				
6	Published Charge per Unit			1,384.00	1,384.00	1,384.00				
7	Negotiated Rate / Cost per Unit			838.20	838.20	235.96				
8	Medi-Cal Units		07/01/02 - 09/30/02	1,009	309	243	457			
8A			10/01/02 - 06/30/03	4,210	590	640	2,980			
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02	3	3					
9A			10/01/02 - 06/30/03	75	75					
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02							
10A			10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03							
11	Healthy Families (SED) Units		07/01/02 - 09/30/02							
11A			10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		12,683	1,434	4,509	6,740				
13	Medi-Cal Costs		07/01/02 - 09/30/02	1,258,755	544,572	579,585	134,598			
13A			10/01/02 - 06/30/03	3,439,417	1,039,797	1,528,480	873,140			
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	597,284	259,004	203,683	134,598			
14A			10/01/02 - 06/30/03	1,904,126	494,538	536,448	873,140			
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	898,566	427,656	336,312	134,598			
15A			10/01/02 - 06/30/03	2,575,460	816,560	885,760	873,140			
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02	597,284	259,004	203,683	134,598			
16A			10/01/02 - 06/30/03	1,904,126	494,538	536,448	873,140			
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02	5,287	5,287					
17A			10/01/02 - 06/30/03	132,178	132,178					
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02	2,515	2,515					
18A			10/01/02 - 06/30/03	62,865	62,865					
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02	4,152	4,152					
19A			10/01/02 - 06/30/03	103,800	103,800					
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02	2,515	2,515					
20A			10/01/02 - 06/30/03	62,865	62,865					
21	Enhanced SD/MC (Children) Costs		07/01/02 - 09/30/02							
21A			10/01/02 - 06/30/03							
22	Enhanced SD/MC (Children) SMA Upper Limits		07/01/02 - 09/30/02							
22A			10/01/02 - 06/30/03							
23	Enhanced SD/MC (Children) Published Charges		07/01/02 - 09/30/02							
23A			10/01/02 - 06/30/03							
24	Enhanced SD/MC (Children) Negotiated Rates		07/01/02 - 09/30/02							
24A			10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03							
29	Healthy Families Costs		07/01/02 - 09/30/02							
29A			10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02							
30A			10/01/02 - 06/30/03							
31	Healthy Families Published Charges		07/01/02 - 09/30/02							
31A			10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02							
32A			10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		14,819,196	2,527,236	10,754,527	1,537,433				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: Los Angeles		NR		NR					
County Code: 19									
Legal Entity: LAC + USC MEDICAL CENTER		A		B		C		D	
Legal Entity Number: 00504				Service		Service		Service	
Mode: 10 - Day Services		Mode Total		Function		Function		Function	
				24		92			
1	Allocation Percentage	100.00%		95.46%		4.54%			
2	Total Units	134,833		133,063		1,770			
3	Gross Cost	4,739,330		4,523,934		215,396			
4	Cost per Unit			34.00		121.69			
5	SMA per Unit			82.94		73.77			
6	Published Charge per Unit			359.34		122.44			
7	Negotiated Rate / Cost per Unit			82.94		73.77			
8	Medi-Cal Units	07/01/02 - 09/30/02	3,424	3,156		268			
8A		10/01/02 - 06/30/03	11,336	10,322		1,014			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02	524	524					
9A		10/01/02 - 06/30/03	1,482	1,482					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		118,087	117,599		488			
13	Medi-Cal Costs	07/01/02 - 09/30/02	139,913	107,299		32,614			
13A		10/01/02 - 06/30/03	474,328	350,932		123,396			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	281,529	261,759		19,770			
14A		10/01/02 - 06/30/03	930,909	856,107		74,803			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,166,891	1,134,077		32,814			
15A		10/01/02 - 06/30/03	3,833,262	3,709,107		124,154			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	281,529	261,759		19,770			
16A		10/01/02 - 06/30/03	930,909	856,107		74,803			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	17,815	17,815					
17A		10/01/02 - 06/30/03	49,706	49,706					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	43,461	43,461					
18A		10/01/02 - 06/30/03	121,258	121,258					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	188,294	188,294					
19A		10/01/02 - 06/30/03	525,355	525,355					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	43,461	43,461					
20A		10/01/02 - 06/30/03	121,258	121,258					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		4,057,568	3,998,182		59,386			

County: Los Angeles		NR		NR		NR		NR		NR		NR	
County Code: 19		NR		NR		NR		NR		NR		NR	
Legal Entity: LAC + USC MEDICAL CENTER		A		B		C		D		E		F	
Legal Entity Number: 00504		Mode Total		Service Function		Service Function		Service Function		Service Function		Service Function	
Mode: 15 - Outpatient (Program 1)				04		10		31		34		42	
1	Allocation Percentage	100.00%	2.08%	0.78%	0.00%	3.87%	35.72%	4.92%					
2	Total Units	1,397,013	48,619	13,985	35	69,665	645,103	88,668					
3	Gross Cost	6,764,978	140,864	52,600	132	262,019	2,416,704	333,098					
4	Cost per Unit		2.90	3.76	3.77	3.76	3.75	3.76					
5	SMA per Unit		1.77	2.28	2.28	2.28	2.28	2.28					
6	Published Charge per Unit		8.46	8.46	8.46	8.46	8.46	8.46					
7	Negotiated Rate / Cost per Unit		1.77	2.28	2.28	2.28	2.28	2.28					
8	Medi-Cal Units	07/01/02 - 09/30/02	104,298	5,554	1,291		3,300	42,203	6,506				
8A		10/01/02 - 06/30/03	448,366	21,968	8,517	20	31,355	176,750	35,464				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03											
11	Healthy Families (SED) Units	07/01/02 - 09/30/02											
11A		10/01/02 - 06/30/03	120				90						
12	Non-Medi-Cal Units		844,229	21,397	4,177	15	35,010	426,060	46,698				
13	Medi-Cal Costs	07/01/02 - 09/30/02	531,131	16,092	4,856		12,412	158,102	24,441				
13A		10/01/02 - 06/30/03	2,209,322	62,779	32,034	75	117,930	662,146	133,227				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	323,283	9,831	2,943		7,524	96,223	14,834				
14A		10/01/02 - 06/30/03	1,344,614	38,352	19,419	46	71,489	402,990	80,858				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	882,361	46,987	10,922		27,918	357,037	55,041				
15A		10/01/02 - 06/30/03	3,793,176	183,311	72,054	169	265,263	1,495,305	300,025				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	323,283	9,831	2,943		7,524	96,223	14,834				
16A		10/01/02 - 06/30/03	1,344,614	38,352	19,419	46	71,489	402,990	80,858				
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02											
17A		10/01/02 - 06/30/03											
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02											
18A		10/01/02 - 06/30/03											
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02											
19A		10/01/02 - 06/30/03											
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02											
21A		10/01/02 - 06/30/03											
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02											
22A		10/01/02 - 06/30/03											
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03											
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03											
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03											
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02											
29A		10/01/02 - 06/30/03	546					337					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02											
30A		10/01/02 - 06/30/03	332					205					
31	Healthy Families Published Charges	07/01/02 - 09/30/02											
31A		10/01/02 - 06/30/03	1,015					761					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03	332					205					
33	Non-Medi-Cal Costs		4,023,980	61,994	15,710	57	131,677	1,596,119	175,430				

County: Los Angeles		NR		NR					
County Code: 19		H		I		J		K	
Legal Entity: LAC + USC MEDICAL CENTER		Service		Service		Service		Service	
Legal Entity Number: 00504		Function		Function		Function		Function	
Mode: 15 - Outpatient (Program 1)									
		62		77					
1	Allocation Percentage	44.91%		7.71%					
2	Total Units	437,289		93,669					
3	Gross Cost	3,038,028		521,535					
4	Cost per Unit	6.95		5.57					
5	SMA per Unit	4.23		3.41					
6	Published Charge per Unit	8.46		8.46					
7	Negotiated Rate / Cost per Unit	4.23		3.41					
8	Medi-Cal Units	07/01/02 - 09/30/02		45,079		365			
8A		10/01/02 - 06/30/03		165,977		8,615			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03		30					
12	Non-Medi-Cal Units			226,183		84,689			
13	Medi-Cal Costs	07/01/02 - 09/30/02		313,197		2,032			
13A		10/01/02 - 06/30/03		1,153,163		47,967			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		190,684		1,245			
14A		10/01/02 - 06/30/03		702,083		29,377			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02		381,368		3,088			
15A		10/01/02 - 06/30/03		1,404,165		72,883			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02		190,684		1,245			
16A		10/01/02 - 06/30/03		702,083		29,377			
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03		208					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03		127					
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03		254					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03		127					
33	Non-Medi-Cal Costs			1,571,458		471,536			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

County Code: 19		CR		CR				
Legal Entity: LAC + USC MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00504		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10	20				
1	Allocation Percentage		100.00%	53.95%	46.05%			
2	Total Units		1,298	1,108				
3	Gross Cost	54,891	29,613	25,278				
4	Cost per Unit		22.81	22.81				
5	Non-Medi-Cal Units		1,298	1,108				
6	Non-Medi-Cal Costs	54,891	29,613	25,278				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: Los Angeles
County Code: 19

Legal Entity: LAC + USC MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00504		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity: LAC + USC MEDICAL CENTER		A	B	C	D	E	F	G
Legal Entity Number: 00504		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support								
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	Non-Medi-Cal Units (Same as Line 2)							
6	Non-Medi-Cal Costs (Same as Line 3)							

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003[illegible]

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DETERMINATION OF SD/MC + CROSSOVER FFP DOLLARS
MH 1979 (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: Los Angeles
County Code: 19
Legal Entity: LAC + USC MEDICAL CENTER
Legal Entity Number: 00504

Mode: 05 - Hospital Inpatient (BFC 10 - 19)						A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Data Type						SD/MC + Crossover Units			Breakdown of 2nd Period Units as a Percentage		SD/MC + Crossover Gross Reimbursement Costs Using SMA Upper Limits				Medi-Cal Patient and Other Payer Revenue				Net Direct Costs (Gross Reim. Costs - Revenue)				FFP Dollars			
Source						From MH1901 Schedule B Supplemental			Calculated		From MH1988 HOSPITALITY				From MH1901 Schedule B				Calculated				Calculated			
Formula									B / (B + C) C / (B + C)		(D * I) (E * I)				(F - J) (G * K) (H * L) (Q * P)				(S1 40% * N) (S2 00% * O) (S4 35% * P) (S * T)							
Period						1st Period	2nd Period/ Part I	2nd Period/ Part II	2nd Period/ Part I % of Units	2nd Period/ Part II % of Units	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$	2nd Period/ Part I FFP \$	2nd Period/ Part II FFP \$	Total 2nd Period FFP \$
MH1988 Cost Report Column	MH1901 Sch B Cost Rpt Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 09/30/03	% of Units in 10/01/02 - 03/30/03	% of Units in 04/01/02 - 09/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs 04/01/03 - 09/30/03	Costs 10/01/02 - 09/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 09/30/03	Revenue 10/01/02 - 09/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 09/30/03	Net Costs 10/01/02 - 09/30/03	1st Period FFP %	2nd Period/ Part I FFP %	2nd Period/ Part II FFP %	Total 2nd Period FFP %	
B	1	NR	05	14	312	436	227	95.86%	34.14%	261,516	367,132	180,271	567,403	25,362	46,647	24,176	70,823	236,156	330,484	189,098	485,580	121,384	180,242	80,273	281,095	250,515
C	2	NR	05	15	243	287	353	44.84%	55.16%	203,663	240,563	295,865	536,448					203,663	240,563	295,865	536,446	104,693	120,282	160,813	281,095	
D	3	CR	05	19	457	1,867	993	66.66%	33.32%	134,596	582,191	280,948	873,140					134,596	582,181	280,949	873,140	89,183	281,095	158,131	449,226	
Totals											599,799	1,189,698	777,105	1,866,891	25,362	46,647	24,176	70,823	574,437	1,143,236	752,829	1,896,168	295,260	571,619	409,217	880,836
Equivalent values from MH1988											599,799			1,866,891	25,362			70,823								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: Los Angeles County Code: 19						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8					
Legal Entity: LAC + USC MEDICAL CENTER		A	B	C	D	E	F	G	H	I	J	
Legal Entity Number: 00504		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.28% FFP	Variable % FFP	75% FFP	Total FFP	
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement											
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement											
3	Total Medi-Cal Direct Service Gross Reimbursement											
4	Medi-Cal Administrative Reimbursement Limit											
5	Medi-Cal Administration											
6	Medi-Cal Administrative Reimbursement											
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement											
8	Healthy Families Administrative Reimbursement Limit											
9	Healthy Families Administration											
10	Healthy Families Administrative Reimbursement											
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09											
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)											
15	Other SD/MC Utilization Review (County Only)											
16	SD/MC Net Reimbursement for Direct Services		07/01/02 - 09/30/02	574,437	624,756	1,199,192	616,385				616,385	
16A			10/01/02 - 06/30/03	1,896,168	2,309,509	4,205,676		2,156,879			2,156,879	
17			07/01/02 - 09/30/02									
17A	Enhanced SD/MC Net Reimb. (Children)		10/01/02 - 06/30/03									
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											2,773,263
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											2,773,263
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											2,773,263
24	Healthy Families Net Reimbursement		07/01/02 - 09/30/02									
24A			10/01/02 - 06/30/03		332	332			216		216	
25	Total Healthy Families Reimbursement Before Excess FFP											216
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											216

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 CALCULATION OF SHORT-DOYLE/MEDI-CAL
 FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS
 MH 1991 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles		LEGAL ENTITY			NAME: LAC + USC MEDICAL CENTER			
COUNTY CODE: 19					NUMBER: 00504			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$231.30	07/01/02 - 07/31/02	171	\$ 39,552	\$3,593	\$6,674	\$49,820
		\$236.38	08/01/02 - 09/30/02	286	\$ 67,605	\$6,010	\$11,163	\$84,778
		\$236.38	10/01/02 - 12/31/02	1,072	\$ 253,399	\$20,026	\$37,197	\$310,623
		\$236.38	01/01/03 - 06/30/03	1,908	\$ 451,013	\$39,022	\$72,482	\$562,517
							Sub Total:	\$ 1,007,737
Children EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Refugees EMC		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
Healthy Families		\$231.30	07/01/02 - 07/31/02					
		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03					
							Sub Total:	
GRAND TOTAL					\$ 811,569	\$ 68,651	\$ 127,517	\$ 1,007,737